

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD  
9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
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received  
11/9/17

**COMPLAINT INVESTIGATION FORM**

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: Nov. 9, 2017

Case Number: 18-32

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: DR MARGARET LOOMER  
Premise Name: DURANGO EQUINE VETERINARY CLINIC  
Premise Address: 20908 W DURANGO ST  
City: BUCKEYE State: AZ Zip Code: 85326  
Telephone: 623 386-2928

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: ANGELA M BATES  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

#1 Name: Chance Deceased = Euthanasia By Vet

Breed/Species: Paint/Pinto

Age: 22 Sex: Melding Color: Chestnut & White

PATIENT INFORMATION (2):

#2 Name: MAX

Breed/Species: Paint Solid/Breeding Stock

Age: 15 Sex: Melding Color: Bay

Patent (3): Kissy  
Breed/species ASHA/Breeding Stock Paint/Palmer  
Age 14 Sex mare Color Palomino

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

N/A

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

FURNISHED UPON REQUEST.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Angela McBates

Date: 1/19/17

F. Allegations and/or concerns regarding Dr. Margaret Loomer, DVM

There are multiple parts to understand the full circumstances so please review each part Carefully. My concerns involve fraudulent billing and incompetence. Specifically, to the Unnecessary Euthanasia of my beloved horse "Chance".

On 1/18/17 The purpose of the vet appointment was to just follow behind Farrier

Removing the clogs and casts and determining next steps in my horse's treatment.

My horse Chance had been under Margaret Loomer's care since 2016 after relocating

From WA State. She had full vet records from Pilchuck Vet Hospital Snohomish WA. My horse was

Being managed with Pracend daily for his Cushing and doing well with his ACHT Levels.

On the day of the visit We were viewing prescribed clogs on horse's feet since Early October. I

understood the Purpose of this treatment was for support and stabilization of hoof and to encourage

Sole depth. Her time was to be brief to take a look while farrier pulled clogs and casts.

Upon arrival Chance was not wanting to bear weight on left front hoof. There was evidence

That he abscesses that was trying to release out the coronet band since hoof was completed

Closed up seems only place to go. Margaret Loomer presented herself as very aggressive and

Said that he was bearing weight on opposing foot meant that now that foot was compromised.

As I stood hyperventilating not really even included in what was happening and what the

Plan was to be. I asked to be included and said what are we doing here? That is when

Margaret Loomer looked at me and said my horse was going through all this suffering because

Of me. This is so painful to even say. She knew I loved this horse and was trying to do all

The right things for him. I asked the question how do I keep him out of pain and she said

He is going to be in pain for 4 weeks and the prognosis is grim no hope and the kindest

Thing I can do is put him down. That he was walking on nails. I want you to review my horses

Records and review these facts.

Here are the FACTS to be reviewed:

FACT you prescribed Clogs and Casts to horse that has condition to suffer frequent abscesses

As a part of his condition and very common with laminitis and Cushing horses.

FACT that Soft Rides I asked for that she said were not good enough would have allowed me to

Tend to frequent abscesses that I had not yet really been informed of as that as expectation for his condition.

FACT The sole depth that my horse likely had on the day she put him down should have been 8CM or Better 3.5 month of her prescribed treatment.

FACT The lie of 4 weeks of pain for abscess! Abscess can be relieved quickly once pressure is released Most likely immediate or within 24 to 48 hours not 4 weeks!

FACT There were no nails poking into his feet just clogs that were holding abscess along with pressure and needing trim and pressure adjustment.

FACT My horse pain was created by VET Prescribed Treatment that could have been easily resolved by Removing the Clogs.

FACT X-Rays showed that only problem that was visible was thin soles.

FACT Horse was stable with Cushing medication and no laminitis present.

All these facts have been brought to light by Vet/Farrier common knowledge to Licensed Equine Vet.

Let's go back to the beginning my horse Chance was diagnosed with Cushing and laminitis in 8/2015

By Pilchuck Vet Hospital I Snohomish WA. We got through the laminitis and managed the Cushing

With Prasec daily. We moved to AZ and transferred all our records to Durango Equine including necessary coggins for transport they were supporting medication needs of my horse Chance. In Approx.

January of 2016 we contacted Margaret Loomer of Durango Equine Clinic to review the records and Take over the care of our horse Chance. She came out and did X-Rays at the time and worked with Farrier to set him up with pads and shoes and he did well. She agreed to be his vet managing his Case.

New information revealed! In April of 2017 just a few short months since Margaret Loomer

Put my horse down I now have new information. I attend a clinic at my Barn that is sponsored

By Margaret Loomer and Durango Equine Clinic. The purpose of the clinic is to offer annual shots

Sheath cleaning or just questions and follow up care for clinic patients. My horses Max and Krissy

Are present and Max can't have shots due to a severe Allergic reaction and my horse Krissy

Is having front foot lameness. She does exam on Krissy brief with hoof testers only and request

Blood draw for diagnostic test to rule out Cushing or metabolic syndrome. That day I just wanted

To work on deworming since both of my horses could not have shots that day. Max was Having problems with bed sores to his Hocks from laying down in coarse sand so I asked about Any remedies to help him. This clinic was set up so that your care would be on clinic day no Exam fee just split trip fee by group. When I received my bill I was charged exam fees both Of my horses. Krissy did receive hoof testers but limited no Temperature or Heart Rate. I was Charged \$65.00 exam for just walking past my Horse Max and talking about hock sores. I was charged \$85.00 for exam on Krissy. One of the other boarders even walked her horse out to Arena to see how she was moving. No exam fee to Angela with Black Frisian. So this is Where the truth is Revealed! This Equine Vet singled me out and charged me for services not rendered. When I called the clinic she stated that she was making up for time and charges That she thought I owed her for the time she spent with me and my horse Chance that she put Down. This is where my heart flipped and realized that when a person is dishonest in what is small They are also dishonest in what is GREAT!! The life CHOICES that were made and suggested for my Horse Chance were not based on FACTS. What I found out from this Vet in her own WORDS was that I OWED her for the time she felt she was not paid for in phone consultations and in person. She was RANTING and RAVING the fact that she was telling Dr. Klope the owner of Durango Equine that they Should be getting \$270.00 per hour. At the MOMENT I realized that the person that I saw as a Professional vet was only interested in the money and made me question all of the decisions that she Made in regard to my animal care. She over treated Max with an abscess and used DMSO which is Usually for colic of some widespread inflammation not one foot. The other over treatment was Krissy When she was in acute foot pain and she did X-Rays and she got to end of treatment and she suggests She has Navicular disease and suggest we give her OsFoss. The treatment of OsFoss keeps us from Treating her acute pain that came from abscess. I have had other Equine Vet Review X-Rays and there Is no evidence of Navicular disease? Also the dreaded bill that I had not reviewed until trying to write You on this day, before my horse was put down she charged me for hoof exam for \$85.00 when she Never bothered to remove the clog to exam his hoof. She is dangerous to the public as she has no Ethics and has certainly changed the course of my life and my horse's life to serve her own sick needs To get rid of me as a client and my horse. Instead of referring me to the Vet/Farrier specialist or any other vet who truly cared about their patient. Never once did she say wait a minute this is working

This is just an abscess or the treatment was for sole depth it surely should be there now. Or this is going to be better let's just relieve the Pressure. This Vet has such a hate for me as a client so much that she was willing to manipulate and keep the facts from me to her own end which was the DEATH of my horse

Chance and has forever Changed my life that I have knowing that I trusted this person that was so evil.

My life will never be the same as I thought I was in the trusted hands of a professional and that was not True!!!



## **Durango Equine Veterinary Clinic**



Lloyd H. Kloppe, DVM  
Diplomate American College of Theriogenologists  
E-mail: kloppeh@durangoequine.com

Traci H. Hulse, DVM  
Maggie Loomer, DVM

**Margaret Loomer, DVM**  
Durango Equine Veterinary Clinic  
20908 W. Durango St  
Buckeye, AZ 85326  
Phone: 623-386-2928

**Arizona State Veterinary Medical  
Examining Board**  
9535 E Doubletree Ranch Rd., Suite 100  
Scottsdale, AZ 85258  
Phone: 602-364-1738

18-32 In Re: Margaret Loomer, DVM

**Dear Members of the Veterinary Investigations Division,**

I am writing to you today to present my position with respect to the events brought into question by Mrs. Angela Bates. I provided veterinary care for Mrs. Bates' three horses from February 16, 2016 until May, 23, 2017, at which time Durango Equine Veterinary Clinic terminated our relationship with Mrs. Bates.

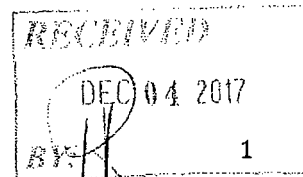
**Summary:**

I attended to Mrs. Bates' horse, Chance, for over eleven months. During that time, his laminitis status declined, and his pain eventually became uncontrollable. When the choice was made to euthanize Chance, Mrs. Bates had approximately 24 hours to reconsider her decision. After the euthanasia, Mrs. Bates expressed gratitude for my love and compassion in Chance's care.

When charged \$150 for 45 minutes of undivided time for exams and questions, Mrs. Bates felt that she had been overcharged. She also expressed at that time, that she no longer wished to use me as her veterinarian. At that time, her charges were reimbursed, and our doctor client patient relationship was terminated.

**Background:**

The following is a more detailed account of the events as documented by the medical records. In an attempt to keep the details organized, I will address her complaints in a chronologic fashion starting with her complaint about Max, followed by Krissy, Chance, and then the vaccine clinic.



My first meeting with Mrs. Bates was on February 11, 2016, when I was called out to see her horse Chance for a laminitis flare. Chance was treated at that time, and the inciting cause of the laminitis was thought to be the new rye hay and senior feed diet that was a recent change from bermuda hay. Radiographs of Chance's feet revealed sinking of both coffin bones within the hoof capsule but no coffin bone rotation. Chance became more comfortable shortly after he was treated.

When Mrs. Bates' other gelding, Max, became acutely sore on both front feet only a few days later, she emailed me with concern about laminitis due to the rye hay (see attached email). I examined the horse on February 16, 2016 and found him to be positive to hoof testers over the toes of both front feet with bounding digital pulses in both forelimbs. At that time the left front was mildly more painful than the right front. Max was treated for acute laminitis based on clinical signs and diet history. When I met the farrier, Chris Hutchison, six days later to place shoes on Max's front feet and to recheck the laminitis, Max was significantly more lame on the left front foot despite Bute. When the horse's front feet were trimmed, Chris was able to open a hoof abscess in the medial toe of the left front foot and exposed white line and a potential false sole of the right front foot. This false sole pressing on the underlying sensitive new sole was most likely the cause of the right front hoof pain. With this new information, I changed the treatment plan to address the left front sole abscess and the right front white line infection.

My next call out to see Mrs. Bates' horses was August 25, 2016, to see Krissy. Krissy had been losing weight over the past several weeks. She had acted up horribly with the farrier on June 17 and again August 9 and would pull her feet away which was extremely out of character according to the owner. That day, the mare had a fairly unremarkable physical exam other than weight loss. However, when she was asked to move, she refused to bring her head above the withers or flex the neck in either direction. She was also grade 3/5 right front lame. Blood work to evaluate organ function, nerve blocks followed by radiographs, and referral for cervical radiographs and a more thorough work-up were all recommended to work up her weight loss and to localize the cause of her pain. At the time, Mrs. Bates elected to just perform the blood work and then go to the next step as needed.

When the blood work came back within normal limits, Mrs. Bates inquired several times about what could be causing her pain. I explained during these phone calls that further diagnostics would be required to reach a diagnosis and requested multiple times to recheck the mare. Six weeks later on October 3, Mrs. Bates scheduled an appointment to perform further diagnostic tests on Krissy. On exam, the mare's pain had worsened to a grade 4/5 right forelimb lameness with hoof tester pain elicited at the heels. A palmar digital nerve block provided 80% pain relief. Lateral, 65 degree DP and navicular skyline views were taken of the right front foot showing a long toe, zero degree palmar angle, roughening of the flexor surface of the navicular bone, and cystic lesions within the cortex of the navicular bone. Based on these radiographic findings, the chronicity and progression of the lameness, and her response to the nerve block, shoeing changes along with joint injections and/or OsPhos were recommended. Mrs. Bates



elected OsPhos along with front shoes. When the farrier was out the following day to place shoes, a deep abscess was opened in the lateral sulci of the frog of the right front foot. This abscess was not visible on any of the radiographs taken the previous day. Due to the depth of the abscess and the length of time it had been building, I prescribed topical treatment as well as systemic antibiotics. This abscess took over a month to fully resolve.

On October 3, 2016, I not only saw Krissy, but I also saw Chance for a several week history of left forelimb lameness that Mrs. Bates had been treating like an abscess and soaking the hoof. He was significantly lame at the walk on the left forelimb with increased digital pulses in both forelimbs. Chance was very sensitive to hoof testers over the entire sole of the left front foot and over the toe of the right front foot. The sole at the toe of the left front foot was pliable with finger pressure. There was separation of the white line along the dorsal half of the hoof wall most likely due to loss of vasculature and consistent with chronic, severe laminitis. There was a palpable shelf or ledge at the coronary band all the way around the top of the left front hoof and the dorsal aspect of the right front hoof. Radiographs showed both further sinking and now rotation of the left front coffin bone. The right front coffin bone remained stable as compared to the radiographs taken in February, which showed that the coffin bone had sunk relative to the hoof capsule. There were only 4-5mm of sole depth in the left front foot but 17mm in the right front foot. These findings were consistent with laminitis with both sinking and rotational components in the left forelimb.

We discussed how laminitis is very challenging to treat, but those with the sinking form of laminitis have a poorer prognosis. It was made clear at this time that we were running out of treatment options to improve Chance's comfort. The decision was made between Mrs. Bates and myself to place him in clogs on the front feet to try to establish better sole depth and in hopes of promoting firmly adhered laminae. There were two farriers involved in Chance's treatment. Chris Hutchison was the primary farrier, but the clogs were applied by Troy Quinn as Chris was not familiar with applying clogs. Soft Rides were not chosen at this time, because they increase the diameter of the foot, which increases shearing forces on the laminae. The clogs were also chosen over the Soft Ride boots because clogs also help decrease the expansion and contraction of the hoof wall, which stretches the laminae. Chance's ACTH levels were tested and found to be elevated at 134 pg/ml (normal is <100pg/ml in the fall). As elevated ACTH levels are correlated with laminitis, it was recommended that his pergolide (Prascend) dose be increased to 1.5mg/day from 1mg/day. Within 2 weeks, the horse became inappetent, so the owner elected to keep him on 1mg/day as opposed to trying to work him up to the higher dose at a slower pace.

Over the next three months, I spoke to Mrs. Bates several times about Chance's chronic pain and dispensed 100 grams of Bute four times over a 6-month period for his continual foot pain (7/23/16 to Max, and 9/17/16, 10/31/16, and 1/3/17 to Chance).

I next saw Chance on January 18, 2017, for an appointment to check a hoof abscess that Mrs. Bates stated opened at the coronary band approximately five day prior (see attached

appointment on calendar). Upon examination, Chance was standing with his left front foot held off the ground and was unwilling to move without significant encouragement. The farrier, Chris Hutchison, was present, and we discussed the case and possible plans to make Chance more comfortable. Upon observing the degree of pain, the 45 degree of rotation of the hoof capsule medially in relation to the pastern and fetlock of both front feet, and the loss of condition and drawn up nature of the horse, it became clear that this horse was in significant pain, and it would be virtually impossible to make this horse comfortable. We were most concerned about the irreparable damage to the laminae, the twisting of the hoof capsules, and the possibility of support limb laminitis.

At that time, we brought Mrs. Bates into the conversation and discussed these concerns with her. I told her that in my opinion Chance was in extreme pain and likened it to walking on a bed of nails. We discussed treatment options (please see medical record), but I emphasized that laminitis, especially in those that sink, is a disease that we hope to manage but cannot cure. We talked about how Chance had to be maintained on daily Bute even in the clogs because of his chronic, unrelenting pain. I cannot recall giving a four week time frame for pain. Instead, in my professional opinion the horse would never regain full comfort due to the severity of his laminitis and the rotation of his hoof capsules. After a long, heartfelt discussion, Mrs. Bates elected to euthanize Chance to end his chronic pain. On that day, we were unable to schedule proper removal of the remains with the property owner, George Bradbury. An appointment was scheduled for the next day to humanely euthanize Chance. The next day, Mrs. Bates was visibly upset but agreed that euthanasia was the kindest decision for Chance. The euthanasia process was uneventful. Later that day, I texted Mrs. Bates to get her local address in order to send a sympathy card and an AAEP donation in Chance's name. She responded with that information and a thank you for my love and compassion (see attached text message).

On April 22, 2017, I came to Friesian Groves (where Mrs. Bates boarded her horses) for their routine semi-annual vaccine clinic. This is organized by one of the boarders and is an opportunity for all involved to split the veterinary travel fee. All other fees remain the same and are not advertised otherwise. This was the first time Mrs. Bates had participated in a vaccine clinic provided by our clinic. Most horses received just their annual spring vaccines and sheath cleanings, but one other horse was seen for a chiropractic adjustment. Mrs. Bates had many questions on both horses that were answered over a period of about 45 minutes and were charged accordingly as an exam (see medical record for exam findings and areas of concern that were discussed). We elected not to vaccinate her horses due to Max having a previous purpura reaction in Washington and Krissy currently being foot sore with suspected laminitis. Mrs. Bates was charged appropriately for the exams and time spent answering questions about her horses, the blood work on Krissy, and the fecal egg counts on both horses. That day, Mrs. Bates paid her bill and did not express any concern for the charges.

On April 24, 2017, Mrs. Bates called the clinic to inquire about her bill. During this phone call, Dr. Traci Hulse was present in the room and heard my side of the conversation. Mrs.

Bates was concerned that she had been singled out and overcharged. I stated that the other Angela with the Friesian mare that Mrs. Bates referenced in her complaint was seen for a chiropractic adjustment, which costs \$135 and includes watching the horse move on the straight and the lunge before adjusting. I explained to her that in my opinion that she was charged appropriately for the amount of time I spent with her and her horses on that day. When she continued to question the charges, I patiently explained that I have to charge for my time. In the past I had been very generous and had never charged her for the numerous phone calls asking for free advice and extensively following up on each of her horses despite these phone calls often taking over 15 minutes. Mrs. Bates misinterpreted this statement to mean that I was charging her for the past phone calls, which was not the case. At that time, Mrs. Bates asked to speak with Dr. Lloyd Kloppe, the owner of the practice. From that time forward, she addressed her concerns with Dr. Kloppe.

Dr. Kloppe had several conversations with Mrs. Bates over the next few days. Mrs. Bates expressed her concerns with the billing and how she felt that she no longer trusted me as a veterinarian. As a practice, we decided to refund Mrs. Bates' charges incurred on April 22, 2017, for the exams, fecal egg counts, which had not yet been completed, and her portion of the travel fee. She agreed to pay for the lab work, which had already been completed. Despite the refund, Mrs. Bates no longer wanted me to see her horses. Because she did not hold confidence in all of our doctors, our practice elected to no longer render veterinary services to Mrs. Bates. She was sent a letter to this effect on May 23, 2017 (attached).

For additional clarification on these events, the following professionals were present during several of my interactions with Mrs. Angela Bates: Sabrina Hammond (veterinary technician present at all appointments except Chance's euthanasia), Chris Hutchison (primary farrier for Mrs. Bates), Troy Quinn (secondary farrier who applied clogs to Chance and opened abscess in Krissy), Traci Hulse, DVM (overheard phone conversation with Mrs. Bates about billing), Lloyd Kloppe, DVM (owner of Durango Equine Veterinary Clinic who discussed concerns with Mrs. Bates). Contact information is attached.

I take this complaint filed by Mrs. Angela Bates very seriously. It is my personal and professional commitment as a veterinarian to always put the welfare of the animal at the forefront of my treatment plan. It is my life's goal to treat animals and improve their quality of life. In the above situations, the horses were given the care to relieve pain and suffering, and I acted appropriately.



**Margaret Loomer, DVM**  
Durango Equine Veterinary Clinic  
November 25, 2017

**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair  
Ryan Ainsworth, D.V.M.  
Christina Tran, D.V.M.  
Mary Williams  
Ed Hunter, R.Ph - **ABSENT**

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Sunita Krishna – Assistant Attorney General  
Victoria Whitmore, Executive Director

**RE:** Case: 18-32

Complainant(s): Angela Bates

Respondent(s): Margaret Loomer, D.V.M. (License: 6292)

**SUMMARY:**

Complaint Received at Board Office: 11/9/17

Committee Discussion: 2/6/18

Board IIR: 3/21/18

**APPLICABLE STATUTES AND RULES:**

Laws as Amended July 2014

(Salmon); Rules as Revised September 2013 (Yellow).

Respondent treated three of Complainant's horses: "Chance," a 22-year-old gelded Paint, "Max," a 15-year-old gelded Paint and "Krissy," a 14-year-old American Quarter Horse mare.

Complainant contends Respondent was negligent in the care of her horses and her conduct was unprofessional for fraudulent billing.

**Complainant was noticed and appeared.**

**Respondent was noticed and appeared with counsel, David Stoll.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Angela Bates*
- Respondent(s) narrative/medical record: *Margaret Loomer, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Alana Hendrix, DVM – Desert Edge Equine*

**PROPOSED 'FINDINGS of FACT':****Chance; 22-year-old gelded Paint:**

1. On October 3, 2016, Respondent performed a hoof exam on the horse and took radiographs. Complainant reported several weeks of left forelimb lameness that Complainant had been treating like an abscess and soaking the hoof. The horse was significantly lame on the left forelimb with increased digital pulses in both forelimbs. The horse was sensitive to hoof testers and the sole of the left front foot was pliable with finger pressure. There was separation of the white line along the dorsal half of the hoof wall most likely due to loss of vasculature and consistent chronic, severe laminitis. There was a palpable shelf at the coronary band all the way around the top left front hoof and dorsal aspect of the right hoof. Radiographs showed further sinking and rotation of the left front coffin bone. There were only 4 – 5mm of sole depth in the left front foot but 17mm in the right front foot. These findings were consistent with laminitis with both sinking and rotational components in the left forelimb.
2. Respondent discussed with Complainant how laminitis is very challenging to treat and those with sinking form of laminitis have a poorer prognosis. It was made clear that they were running out of treatment options to improve the horse's comfort. They elected to place clogs on the front feet to try to establish better sole depth and to hopefully promote firmly adhered laminae. The clogs were applied by farrier, Troy Quinn.
3. Respondent also tested the horse's ACTH levels which revealed they were elevated. Since ACTH levels are correlated with laminitis, she recommended the horse's pergolide dose be increased. Within 2 weeks the horse became inappetent therefore Complainant reduced the dose to the original amount.
4. Respondent discussed the horse's chronic pain with Complainant several times over a six-month period and dispensed Bute for continual foot pain.
5. On January 18, 2017, Respondent visited the horse to evaluate a hoof abscess Complainant stated opened at the coronary band approximately 5 days earlier. Upon exam, the horse was standing with his left front foot held off the ground and was unwilling to move without significant encouragement. Farrier, Chris Hutchison, was present and they discussed the case and possible plans to make the horse more comfortable. Upon observing the degree of pain, the 45 degree of rotation of the hoof capsule medially in relation to the pastern and fetlock of both front feet, and the loss of condition and drawn up nature of the horse, it became clear that this horse was in significant pain and it would be virtually impossible to make this horse comfortable.
6. Both Respondent and farrier discussed their concerns with the horse with Complainant. Respondent felt the horse was in extreme pain – she discussed treatment options but emphasized that laminitis, especially in those that sink, is a disease that they hope to manage but cannot cure. It was her opinion that the horse would never regain full comfort due to the severity of his laminitis and the rotation of his hoof capsules. After a lengthy discussion, Complainant elected to euthanize the horse. Removal of the remains could not be scheduled that day therefore the horse was euthanized the following day (1/19/17).

**Max; 15-year-old gelded Paint:**

7. On February 16, 2016, Respondent examined the horse due to complaints that the horse became acutely sore on both front feet. The horse was positive for hoof testers over the toes of both front feet with bounding digital pulses in both forelimbs. He was treated for acute laminitis based on clinical signs and diet history. Respondent dispensed omeprazole 30mL syringe and DMSO 100mLs IV in a liter of Saline and instructed Complainant to administer Bute.

8. On February 22, 2016, Respondent visited the horse with farrier, Chris Hutchison, to recheck the laminitis and place shoes on the horse. The horse was significantly more lame on the left front foot despite Bute. When the horse's front feet were trimmed, the farrier was able to open a hoof abscess in the medial toe of the left front foot and exposed white line and a potential false sole of the right front foot. This false sole pressing on the underlying sensitive new sole was most likely the cause of the right front hoof pain. With this new information, Respondent changed the treatment plan to address the left front sole abscess and the right front line infection.

9. Complainant believes Respondent over treated the horse by using DMSO for an abscess.

**Krissy; 14-year-old American Quarter Horse mare:**

10. On August 25, 2016, Respondent examined the horse due to losing weight over the past several weeks. The exam was fairly unremarkable other than the weight loss however when asked to move, the horse refused to bring her head above the withers or flex the neck in either direction. She also had a grade 3/5 right front lameness. Respondent recommended blood work to evaluate organ function, nerve blocks followed by radiographs, and referral for cervical radiographs and a more thorough work-up. Complainant approved blood work and then go to the next step as needed.

11. Blood work was within normal limits and Complainant questioned several times about what could be causing the horse's pain. Respondent recommended further diagnostics and requested to recheck the mare.

12. On October 3, 2016, Complainant scheduled a recheck appointment. Respondent examined the horse and noted that the pain had worsened to a grade 4/5 right forelimb lameness with hoof tester pain elicited at the heels. A palmar digital nerve block provided 80% pain relief. Radiographs showed a long toe, zero degree palmar angle, roughening of the flexor surface of the navicular bone, and cystic lesions within the cortex of the navicular bone. Due to the horse's condition Respondent recommended shoeing changes along with joint injections and/or OsPhos. Complainant elected OsPhos along with front shoes.

13. The following day, when the farrier was out to place the shoes, a deep abscess was opened in the lateral sulci of the frog of the right front foot. The abscess was not visible on the radiographs taken the previous day. Due to the depth of the abscess and the length of time it had been building, Respondent prescribed topical treatment as well as systemic antibiotics. The abscess took over a month to resolve.

14. On May 25, 2017, Dr. Hendrix visited the horse for a second opinion due to continued pain and lameness. She noted that the horse exhibited low head/neck carriage but there was no front end lameness observed. Exam revealed that the horse was lame in both hind legs – appeared to have hock pain most likely from distal hock joint osteoarthritis. Dr. Hendrix suggested Polyglycan injections, radiographs and joint injections. Polyglycan injections were approved.

15. On June 28, 2017, the horse continued to be lame and Dr. Hendrix noticed that the right front was growing uneven, the medial bulb hair line was higher than the lateral side. There was still low head carriage and stiff neck. It appeared that the horse had slightly dropped suspensory ligaments on both hinds when walking; she was walking short strided on both fronts as well. Dr. Hendrix explained that the horse may have a systemic disease and more evaluation and/or diagnostics would be needed and referred her to a specialist.

#### **Billing Issues:**

16. On April 22, 2017, Respondent went to the stable for a routine semi-annual vaccine clinic. This is organized so the boarders can split the veterinary travel fee – all other fees remain the same. At this time, Complainant had many questions regarding Max and Krissy that were answered over a period of 45 minutes. Complainant's horses were not vaccinated due to Max having a previous purpura reaction and Krissy currently being foot sore with suspected laminitis. Respondent answered questions regarding the blood work on Krissy, and the fecal egg counts on both horses. Complainant was charged for the exams and time spent answering questions – she paid the bill and did not express concern for the charges.

17. A couple days later Complainant called Respondent and relayed that she felt that she had been singled out and overcharged. Respondent explained that she needs to charge for her time and had been generous in the past, never charging for numerous phone calls asking for free advice and extensively following up on each of her horses despite calls taking over 15 minutes.

18. Complainant spoke with Dr. Kloppe who eventually refunded Complainant for the April 22<sup>nd</sup> visit and terminated her as a client effective May 23, 2017.

#### **COMMITTEE DISCUSSION:**

The Committee discussed that after listening to the testimony, reviewing all the medical records and billing issues they did not find a violation.

#### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

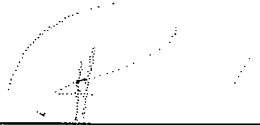
#### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 4 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*



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Tracy A. Riendeau, CVT  
Investigative Division